

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AN AUTOMATIC DEVICE FOR RETRANSMISSION OF INFORMATION
Attorney Docket Number::	0512-1257
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: STEPHANE
Middle Name::
Family Name:: ROUCHY
Name Suffix::
City of Residence:: SAINT-ARMEL
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 3, RUE DE RENNES
Address::
City of Mailing Address:: SAINT-ARMEL
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 35230

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SERGE
Middle Name::
Family Name:: LE POTIER
Name Suffix::
City of Residence:: RENNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 62, RUE LA FONTAINE
Address::
City of Mailing Address:: RENNES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 35700

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LUC
Middle Name::
Family Name:: VACQUIE
Name Suffix::
City of Residence:: ST JEAN L'HERM
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: BEL AIR
City of Mailing Address:: ST JEAN L'HERM
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 31380

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02290	7/22/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 09289	7/18/03	Yes

Assignment Information

Assignee Name:: FRANCE TELECOM

Street of Mailing 6, PLACE D'ALLERAY

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75015